

Indiana Habitability Standards

All housing used for the ESG RR/HP Program must provide safe and sanitary housing that is in compliance with the habitability standards outlined below and any state or local requirements. Mark each statement as A for approved or D for deficient. Property must meet all standards in order to be approved.

- ___ i. Structure and materials: The structures must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from hazards.
- ___ ii. Access: The housing must be accessible and capable of being utilized without unauthorized use of other private properties. **Structures must provide alternate means of egress in case of fire.**
- ___ iii. Space and Security: Each resident must be afforded adequate space and security for themselves and their belongings. An acceptable place to sleep must be provided for each resident.
- ___ iv. Interior air quality: **Every room or space must be provided with natural or mechanical ventilation.** Structures must be free of pollutants in the air at levels that threaten the health of residents.
- ___ v. Water Supply: The water supply must be free from contamination at levels that threaten the health of individuals. If private well water is used, there must be a recent health department evaluation.
- ___ vi. Thermal environment: The housing must have adequate heating and/or cooling facilities in proper operating condition.
- ___ vii. Illumination and electricity: The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliances while assuring safety from fire.
- ___ viii. Food preparation and refuse disposal: All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner.
- ___ ix. Sanitary Conditions: The housing and any equipment must be maintained in sanitary condition. Residents must have access to sufficient sanitary facilities that are in proper operating condition, may be used in privacy, and are adequate for personal cleanliness and the disposal of human waste.
- ___ x. Lead-based paint: If the structure was built prior to 1978, and a child under the age of six or a pregnant woman will reside in the property, and the property has a defective paint surface inside or outside, the property cannot be approved until the defective surface is repaired following accepted EPA guidelines. A lead based paint pamphlet must be provided to the participant.
- ___ xi. Smoke detectors: The unit must comply with the Fire Administration Authorization Act of 1992 (P.L. 102-522). **Smoke detectors must be installed** in accordance with NFPA 74, or more stringent local policies as applicable. Existing units must contain a single or multiple station smoke detector; outside each sleeping area; on each level; battery operated or hard wired; clearly audible or interconnected. Accommodations must be made for individuals with sensory impairments. Public areas, e.g. entries, elevator lobbies, laundry rooms, etc. must have a compliant smoke detector in working condition.

(Source: U.S. Department of Housing and Urban Development: 24 CFR Part 574, B574.310 (b), B882.404(c)(3); and CPD-94-05.)

CERTIFICATION STATEMENT

I certify that I have evaluated the property located at the address below to the best of my ability and find the following:

_____ The property meets all of the above standards. _____ The property does not meet all of the above standards.

Therefore, I make the following determination: _____ The property is approved. _____ The property is not approved.

Case Name _____

Street Address _____

Apartment # _____ City _____ State _____ Zip _____

Evaluator's Signature: _____ Date: _____

Please Print. Name: _____

This inspection is reviewed and submitted as a part of the rent reasonableness determination. Initial _____

Areas of Concern:

___ Concern: _____

Response: _____

___ Concern: _____

Response: _____

___ Concern: _____

Response: _____

Re-inspection – Annually only: Unit is now complaint: Y N Date: _____